Case Number:	CM13-0071993		
Date Assigned:	01/08/2014	**Date of Injury:**	11/30/2011
Decision Date:	06/06/2014	**UR Denial Date:**	12/26/2013
Priority:	Standard	**Application Received:**	12/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Plastic and Reconstructive Surgery, has a subspecialty in Plastic/Hand Surgery, and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 67 year old female with continued left wrist pain and a documented date of injury on 11/30/11 while performing repetitivie duties. She had previously undergone a diagnostic left wrist arthroscopy and TFCC debridement with biopsy documenting pseudogout on April 11 2012. Due to continued pain and failure of several injections, she underwent on September 19, 2012 release of the 6th dorsal extensor compartment. Physical therapy documentation is noted from October and November of 2012. Documentation from April 2nd, 2013 notes pain in the ulnar side of the wrist without popping or clicking. Radioulnar joint is non-tender but the wrist is diffusely tender. Documentation from October 31, 2013 notes patient with 'sharp aching constant pain at her left wrist.' This is aggravated with movement. Examination of the left wrist notes decrease range of motion and weakness; 'she has a negative ulnar compression test at the elbow or wrist.' No specific conservative measures were documented other than ice and rubbing her hand. Typical NSAIDs are not listed in the medication list. The patient is stated to have MRI findings consistent with ulnar impaction syndrome. The plan was for CT arthrogram and if there were findings consistent with ulnar impaction syndrome she would likely need ulnar shortening and arthroscopy to evaluate the previous TFCC debridement. CT arthrogram of the left wrist notes 'large full-thickness tear of the central triangular fibrocartilage with some peripheral tearing as well.' There are 'cystic changes in the ulnar aspect of the lunate.' 'There may be a tiny defect at the lunotriquetral ligament.' 'No evidence of ulnar variance.' Documentation from December 11, 2013 notes patient with continued left wrist pain, which may be from her pseudogout, TFCC resection or ulnar impaction syndrome. Examination is stated as unchanged. Recommendation was made for

diagnostic arthroscopy and possible ulnar shortening depending on the operative findings. The patient was placed on restricted activity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 LEFT WRIST DIAGNOSTIC SCOPE WITH POSSIBLE BIOPSY AND LEFT OPEN ULNAR SHORTENING BETWEEN 12/20/2013 AND 2/3/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Web 11th Ed., (2013). Forearm, Wrist & Hand (Acute & Chronic). Diagnostic Arthroscopy. Triangular Fibrocartilage Complex (TFCC) Resconstruction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist And Hand, Diagnostic Arthroscopy And TFCC Reconstruction, Other Medical Treatment Guideline or Medical Evidence: Green DP, Hotchkiss RN, Pederson WC, 'Wrist Arthroscopy: Operative Procedures' Chapter 10 by AL Osterman of Green's Operative Hand Surgery, Vol 1, 1999, pages 210-215.

Decision rationale: The patient is a 67 year old female with well-documented chronic pain of the left wrist. The patient had previously undergone TFCC debridement and biopsy which had returned a diagnosis of pseudogout. The procedure requested was diagnostic arthroscopy with biopsy and possible ulnar shortening. With respect to diagnostic arthroscopy, from ODG:'Recommended as an option if negative results on imaging, but symptoms continue after 4-12 weeks of conservative treatment. This study assessed the role of diagnostic arthroscopy following a wrist injury in patients with normal standard radiographs, an unclear clinical diagnosis and persistent severe pain at 4 to 12 weeks. Patients with marked persistent post-traumatic symptoms despite conservative management are likely to have sustained ligament injuries despite normal radiographs. It is recommended that under these circumstances an arthroscopy may be carried out as soon as 4 weeks if the patient and surgeon wish to acutely repair significant ligament injuries. (Adolfsson, 2004)'. As stated, this may be a recommended procedure; however there has been no consistent documentation of recent conservative treatment. In addition, as stated by the utilization review, this may be performed if imaging studies are inconclusive despite conservative management--which is not the case for this patient. With respect to TFCC debridement/reconstruction, from ODG: Recommended as an option. Arthroscopic repair of peripheral tears of the triangular fibrocartilage complex (TFCC) is a satisfactory method of repairing these injuries. Injuries to the triangular fibrocartilage complex are a cause of ulnar-sided wrist pain. The TFC is a complex structure that involves the central fibrocartilage articular disc, merging with the volar edge of the ulnocarpal ligaments and, at its dorsal edge, with the floors of the extensor carpi ulnaris and extensor digiti minimi. (Corso, 1997) (Shih, 2000) Triangular fibrocartilage complex (TFCC) tear reconstruction with partial extensor carpi ulnaris tendon combined with or without ulnar shortening procedure is an effective method for post-traumatic chronic TFCC tears with distal radioulnar joint (DRUJ) instability suggested by this study. (Shih, 2005). There is not sufficient evidence documented to suggest an ulnar impaction syndrome requiring ulnar shortening, as the CT arthrogram did not

reveal ulnar variance. The physical exam did not document evidence of a dynamic condition that could result in ulnar impaction even with an ulnar neutral or ulnar minus condition (p. 214 Green's Operative Hand Surgery). DRUJ instability is not addressed in the medical documentation as well. A clear, complete, wrist examination with results from provocative maneuvers is not adequately detailed to assess possible causes related to the TFCC. The patient is documented to have a TFCC tear, but may have other reasons for the pain that has not been fully evaluated. In addition, as stated above, a trial of conservative measures has not been adequately documented. This is consistent with the findings of the utilization review and thus, the procedures should not be considered medically necessary.